STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	006622	A. BUILDING _____ B. WING _____	06/30/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENATE STREET SURGERY CENTER LLC	1801 N SENATE BLVD INDIANAPOLIS, IN 46202

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS Surveyor: 30405 Facility Number: 006622 Type of Survey: State Licensure Off Site AAAHC Accreditation Survey Date of AAAHC On Site Survey - ASC full survey June 29-30, 2011 Date of ISDH off site review - August 3, 2012 Reviewer/Surveyor - Deborah Franco RN, PHNS Based on review of the June 29-30, 2011 AAAHC Accreditation Survey Report, it has been determined that Senate Street Surgery Center, LLC meets the requirements for ASC Licensure in Indiana.	S 000		